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ABSTRACT

In connection with a study on rehabilitation occupations for the disadvantaged and the advantaged, a literature search was conducted to find books, articles, pamphlets, and publications on the use of paraprofessionals. Entries selected for inclusion in the annotated bibliography are categorized and cross-referenced according to: (1) Professional Characteristics, (2) Professional-Paraprofessional Roles and Relationships, (3) Paraprofessional Career Ladders and Training, (4) Client versus Organization Identification, and (5) Community Issues. Individual entries are listed either by author or title and include date of publication and annotation. The bibliography also includes an author index. (JS)

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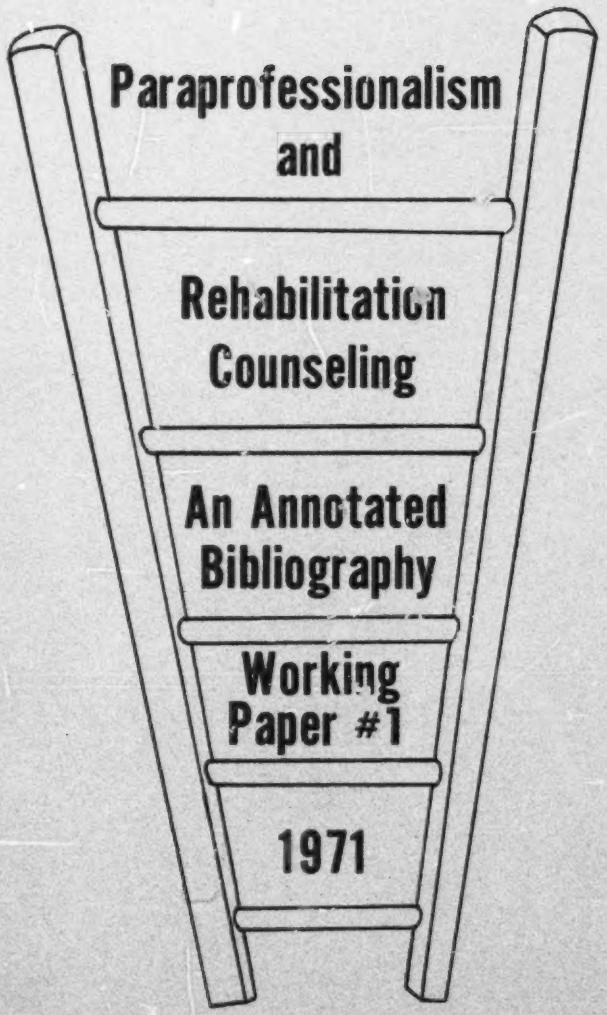
Paraprofessionalism and Rehabilitation Counseling

An Annotated Bibliography



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PARAPROFESSIONALISM AND REHABILITATION COUNSELING

WORKING PAPER #1

REHABILITATION OCCUPATIONS FOR THE DISADVANTAGED AND ADVANTAGED

A Program of Research on Occupations and Professions in the Field of Rehabilitation

Supported in part by
The Rehabilitation Services Administration
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PREFACE

The Sociology Department of Case Western Reserve University in cooperation with the Vocational Rehabilitation Administration is currently conducting a study on rehabilitation occupations for the disadvantaged and advantaged. As defined by the study, the "disadvantaged" are those who have had an irregular work history; they tend to be the poor, or minority group members who have not had the education necessary to qualify for any but dead-end jobs. The "advantaged" are older workers who already have extensive job histories, but who are looking for a second, more satisfying career. Both could be candidates for paraprofessional work in rehabilitation, or for training in a professional rehabilitation career.

As part of this study, a literature search was conducted to find books, articles, pamphlets and publications centered around paraprofessional and professional roles. Because not all material in this field could be included, references were selected on the basis of their relevance to the utilization of the paraprofessional.

The paper is divided into five areas within which the materials are listed alphabetically; when no author is given, the reference is listed alphabetically by title. If an article is pertinent to more than one subject area, the full citation will be found in its main area of relevance and will be listed as a cross-reference in other pertinent areas.

An author index will be found at the conclusion of the paper.

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INTRODUCTION

The major focus of this annotated bibliography is the paraprofessional* in the human services. In the last several years, pressure for a new division of labor of professional tasks has been generated by the serious shortages in many professions, plus the dramatic demands of the poor and black for a greater share in America's resources and for social services more responsive to their needs. The "New Careers" movement (Pearl and Reissman) offered an image of the paraprofessional as a link between the social agency and the disadvantaged, in which the new careerist, himself from the poverty community, would take over certain tasks from the professional, interpreting the clientele to the agency and the agency to the clientele.

Two critical components of this new occupational type are the "helper-therapy" principle and the "career ladder" idea. By helping others, it was claimed, the paraprofessional would also be helping himself, freeing himself from the financial and psychological constraints of the culture of poverty. For this to be real, however, each agency needed to have opportunities for upward mobility. Paraprofessional work must not be in a dead-end job.

This new division of labor presents the theorist with a number of problems, among which the most crucial is the distinction between professional and paraprofessional work. Although there has been some debate over the essential attributes of a profession, most definitions include three major characteristics (Goode; Haug and Sussman). A profession is based on a body of esoteric knowledge, usually acquired through long training; there is an occupational orientation of service to the client; and practitioners have a high degree of autonomy in the performance of their work. This last attribute is derived from the first two and is granted through recognition from clients and colleagues. Autonomy, then, is the critical indicator of professionalism and consequently the attribute which might distinguish professional from paraprofessional. It is the point around which this annotated bibliography is organized, since other problem areas concerning the paraprofessional tend to relate to this issue.

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* The term paraprofessional is used here in preference to subprofessional, nonprofessional, or preprofessional, as having fewer negative overtones of meaning.

Tensions between professional and paraprofessional roles, client versus organization identification, difficulties in building career ladders, as well as community attitudes impinging on professional authority and accountability are major sources of strain in paraprofessional development with roots in the autonomy dimension. These are the themes for each section of this annotated bibliography.

A. GENERAL PROFESSIONAL CHARACTERISTICS

A large body of literature has developed around the issue of defining professions, professionals and professionalism. Any exhaustive citation of this material would be out-of-place, yet some reference to key recent books and papers is necessary to place later discussions of paraprofessionals in perspective. Several of the items which follow are reprinted from Professionalism and Rehabilitation Counseling, an earlier publication of Case Western Reserve University, Professions Project, 1968, which focused on the professionalization of the rehabilitation counselor.

1. Barber, Bernard. "Some Problems in the Sociology of Professions." Daedalus 92 (Fall, 1963): 669-688.

   Differences between professions and occupations are of degree rather than kind. Four essential attributes of professionalism are: a body of esoteric knowledge; orientation toward community rather than self-interest; a high degree of self-regulation; and a system of rewards in terms of work achievement symbols. In marginal or emerging professions it is the elite who are clearly professional and are attempting to professionalize the occupation first through establishing or strengthening codes of ethics and professional associations and secondly through pushing for legal licensure if it does not already exist. The efforts of the elite may be resisted by the rank and file because they perceive professionalism as a status threat. Professional roles may clash with organization requirements; bureaucracies attempt to substitute differentiated role, authority and reward structures for the professional's autonomy.

2. Elling, Ray H. Health Organization and the Social Environment. Pittsburg: University of Pittsburgh, Graduate School of Public Health, 1965.

   Professionalization attempts of an occupational group include selective acceptance of the best obtainable recruits, prohibition of entry through unapproved channels, development of influential channels of entry and various organized efforts through national and local associations. These efforts include: influencing work conditions, accrediting educational facilities, engaging in lobbying and political activities, restricting the supply of labor

in the field, seeking external support for the group, and general public relations activities involving management of their public image.

3. Freidson, Eliot (Ed.). "Professions in Contemporary Society." Special issue of American Behavioral Scientists 14:4, 1971.

The volume contains articles on "The Public Accounting Profession," "Engineering," "Priests and Church," "Professionalization and Unionism," "The University and the Professional Model," "Sociologists and Their Knowledge," and "Sociology and the Personal Service Professions." They afford the reader a look at the problems of professionalization and explore two analytical issues: the organization of the occupation and its work, and the occupation's claimed knowledge and skill.

4. Freidson, Eliot. Professional Dominance. New York: Atheron Press, Inc., 1970.

The author suggests that the authority of the medical profession is based more on the characteristic type of authority of bureaucratic officials than on a body of esoteric knowledge. He suggests that health services be reorganized around the quality of care and influence of the patient on his care.

5. Freidson, Eliot. Profession of Medicine. New York: Dodd, Mead, and Company, 1970.

The author presents an extended analysis of the medical profession in order to illuminate all professions. He emphasizes that the occupational organization of the medical profession is as distinct and as important as its knowledge. He assesses the social role of the professions in light of two issues of freedom: that professions characteristically seek the freedom to manage their knowledge and work without lay interference; the problem of the role of the knowledgeable man in the layman's affairs.

6. Goode, William J. "Encroachment, Charlantanism, and the Emerging Profession: Psychology, Sociology and Medicine." American Sociological Review 25 (1960): 902-914.

The core characteristics of a profession are a prolonged specialized training in a body of abstract knowledge and a col-

lectivity or service orientation. From these characteristics, various features of a profession may be sociologically derived, including: (1) the profession determines its own training standards; (2) practice is often legally recognized by licensure; and (3) the profession is likely to be a terminal occupation. During the process of professionalization, severe skirmishes may occur between the new profession and the occupations closest to it in substantive and clientele interest. He distinguishes between "guild" professions which identify their problems and "non-guild" professions which identify only their skills.

7. Greenwood, Ernest. "Attributes of a Profession." Social Work 2 (1957): 45-55.

Five elements on which there appears to be some consensus as constituting the distinguishing elements of a profession are: (1) skills based on knowledge organized into a systematic body of theory; (2) professional authority emerging as a function of extensive education; (3) community sanction conferred by a series of formal and informal powers and privileges; (4) a professionally regulated code which compels ethical behavior on the part of its members; and (5) a professional culture generated by the interaction of the required social roles. It is the professional culture which most effectively distinguishes the professions from other occupations.

8. Haug, Marie R., and Sussman, Marvin B. "Professionalism and the Public." Sociological Inquiry 39 (1969):57-64.

The factor of public opinion as a component of professionalism and the prestige ratings of rehabilitation occupations, as given by a representative national sample replicating the North-Hatt technique, are analyzed. Stereotyping in terms of broad occupational categories appears more likely to form lay opinion than specific job knowledge. Attitudes of particular segments, rather than general public views, are considered critical in professionalism.

9. Hughes, Everett C. "License and Mandate." In Men and Their Work. Glencoe: The Free Press, 1958, pp. 78-87.

An occupation consists of, in part, a successful claim of some people to carry out certain activities which others may not.

Those who achieve this license will also claim a mandate to define what is proper conduct of others toward matters concerned with their work. When this mandate has been granted as legitimate by the public, a profession has come into being.

10. Hughes, Everett C. "Professions." Daedalus 92 (Fall, 1963): 655-668.

The attributes of professionalism are: (1) service to individuals and the community; (2) an esoteric body of knowledge with concomitant training in this knowledge; and (3) a mandate to determine how the profession shall be practiced along with the right to be judged only by one's colleagues. Because of the higher social status of professions, occupations strive to become professions. Some of the changes sought in professionalization are more independence and recognition; a cleaner distinction between those in the professions and those outside; and a larger measure of autonomy in choosing colleagues and successors.

11. Moore, Wilbert E. The Professions: Roles and Rules. New York: Russell Sage Foundation, 1970.

This theoretical review is divided into three parts: 1) the emergence of professionalism, which includes the criteria of professionalism and the formation of a profession; 2) professional roles, which includes chapters on the professional and his peers, the professional and the public, and the professional and his employer; 3) social responsibilities related to the professional's knowledge and tasks.

2. Pearl, Arthur, and Riessman, Frank. New Careers for the Poor. New York: The Free Press, 1965.

Developing 4-6 million careers for the poor in the helping professions would be a fundamental attack on poverty, reduce the manpower shortage in education and social work; provide more and more readily available services for the poor; and rehabilitate persons through meaningful employment. Reorganizing the role of the professional would allow him more flexibility and establish greater contact of the professional with the poor. A specific proposal is outlined using education as a model. Job training, problem areas, and allies likely to support the new career movement are discussed.

13. Rueschmeyer, Dietrich. "Doctors and Lawyers: A Comment on the Theory of the Professions." Canadian Review of Sociology and Anthropology 1 (1964).

The model of profession has been so influenced by the medical profession that we ignore other models and try to apply the medical model to other professions with misleading results. Professions differ in their values, clients, interests, and competencies. From these variables, a secondary characteristic of a profession, social control, can be derived. The greater the role consensus, the greater is the conformity to the role.

14. Sussman, Marvin B. "Occupational Sociology and Rehabilitation." In Sociology and Rehabilitation edited by Marvin B. Sussman. Washington, D.C.: American Sociological Association, 1966, pp 179-200.

Rehabilitation counseling, viewed as a marginal profession, is considered within the context of occupational sociology, with emphasis on definitions, problems, and consequences of professionalization. The rehabilitation counselor differs from other emerging professionals in certain of the core characteristics of professionalism. While he has a high service orientation, the body of knowledge is eclectic rather than systematic, and, because of the high degree of government control, his autonomy is limited. Whether these variations will prevent emergence of the rehabilitation counselor as a "full" professional over time remains an issue for further consideration. He may be aided in his quest for professionalization by the expansion of rehabilitation services which is concomitant with wider definitions of rehabilitation needs.

15. Vollmer, Howard M., and Mills, Donald L. (Eds.). Professionalization. Englewood Cliffs: Prentice-Hall, Inc., 1966.

Fifty-seven readings, including those of Durkheim, MacIver, Carr-Saunders, Parsons, Hughes, and Goode, focus on 27 occupations. The interaction of professionalized occupational roles and complex organizations; political and legal aspects of professionalization; the interrelation of professionals and government; internal professional controls; occupational associations; colleague relations; client and public relations; and relations among professional groups are explored.

16. Wilensky, Harold L. "The Professionalization of Everyone?" American Journal of Sociology 70 (1964):137-158.

While many occupations claim professional status, specialization alone does not make a profession. To be considered a profession, an occupation must have a technical basis, assert an exclusive jurisdiction, link both skill and jurisdiction to standards of training, and convince the public that its services are uniquely trustworthy. The process of professionalization begins with the establishment of training programs and the formation of a professional association accompanied by an effort to separate the competent from the incompetent. Political agitation to win legal support for the occupation often follows. Organizational threats to autonomy and the service ideal as well as threats to exclusive jurisdiction constitute barriers to professionalization.

B. PROFESSIONAL/PARAPROFESSIONAL ROLES AND RELATIONSHIPS

Autonomy depends, in part, on such criteria as avoidance of self-service by the laity, controlling admission to the occupation and, competence in skills beyond the layman's grasp (Moore, 1970). Researchers have noted that the relationship between professionals and paraprofessionals is strained due to the fear that paraprofessionals will begin to usurp this autonomy of the professionals. It is understandable when we consider that when those who were formerly clients become the helpers, the laity has begun self-service; if paraprofessionals use a career ladder to gain professional status, some control over admission to the profession is lost; and if occupations are subdivided so that each portion can be learned separately by the paraprofessional, the laity begins to gain the competence in skills that had been exclusively those of professionals. In addition, D. A. Hansen has pointed out that paraprofessionals have threatened the autonomy of professionals because their role has begun to overlap that of the professionals.

Some agencies have tried to reduce tensions by dividing jobs into parts which are differentiated in terms of the degree of professional skill needed. Willard Richan has suggested that these roles be kept separate by considering two variables, client vulnerability and worker autonomy, as the determiners of professional status jobs. The professional would deal with highly vulnerable clients and have high worker autonomy while the paraprofessional would deal with clients with low vulnerability and have low worker autonomy.

Interest in the use of paraprofessionals, added to pressure for interdisciplinary cooperation in client treatment, has renewed attention to techniques of successful teamwork. Roles in a team situation and the relationship of these roles in the team approach are therefore also considered in this section.

1. Adelson, Gerald, and Kovner, Anthony R. "The Social Health Technician: A New Occupation." Social Casework 50 (1969): 395-400.

   Report of training program in New York City conducted in 1966-67 at Beth Israel Medical Center.

The role for the professional is to diagnose and construct a treatment plan for the client while the role for the social health technician is to implement the plan.

At first, the professional social workers did not accept the social health technician because of their sense of insecurity about service delivery and because of the provocative attitudes of the technicians. Eventually, an understanding between the two groups came about, but the professionals still do not accept the technicians as colleagues with special competence and skill.

2. Arkansas Vocational Rehabilitation Service. Vocational Rehabilitation: This is One Way. Little Rock: Arkansas Vocational Rehabilitation Service, 1961.

In many settings, the rehabilitation counselor has been expected to function in many roles other than that of counselor such as placement worker, public relations consultant, sociologist, and psychologist, roles he is not always equipped to perform. This study found that the counselor performed far better if he was only responsible for counseling, with the other professions on the team performing their own specific functions. As counseling is the core of the rehabilitation process, the counselor should serve as coordinator of the team.

3. Bentley, Joseph C. "Role Theory in Counseling: A Problem in Definition." Personnel and Guidance Journal 44 (September 1965):11-17.

The terms role, role perception, and role expectation are introduced as relevant to counseling theory, which thus far has largely neglected role theory. Because role enactment is an interactive process, attempts toward "militancy" by professional groups in defining roles are meaningless. No single definition of a counselor's role and functions is feasible since roles are determined within specific social contexts.

4. Bloch, Doris. "Role Change of Public Health Nurses Working With Indigenous Aides." Public Health Reports 83 (1968):811-819.

Ten public health nurses were interviewed about the changing roles of public health nurses that have come with the introduction of indigenous workers. They perceived the role of the aides as "work for the aide and aid for the nurse." Role conflict

between aide and public health nurse is minimal when the roles do not impinge on one another.

Only four nurses seemed committed to turning over new career tasks to their aides. Most saw their roles moving toward teaching and supervision and away from direct patient contact. Their reaction to this was not favorable.

5. Bowers, William T., Marler, Don C., and Androes, LeRoy. "The Psychiatric Team: Myth and Mystique." The American Journal of Psychiatry 122 (1965):687-690.

Difficulties in the operation of psychiatric teams stem from misconceptualization. These guidelines should be followed to increase the effectiveness of such teams: every member of the team must come with professional competence; the team must share a common purpose; there must be an emphasis on the conscious use of information; each team member must be responsible for defining his areas of responsibility, authority, and competence.

6. Branan, Karen. "The Teacher Aide/Who she is, how she helps." Parents' Magazine, (September, 1968), 38-44.

School systems are finding it easier to hire and retain teachers if teacher aides are employed. The Yale-Fairfield Study of Elementary Teaching showed that the use of aides tended to increase the professional position of teachers if they (aides) didn't take the place of teachers.

For a minority, the aide is unwelcome because: she is a newcomer, she is a nonprofessional, and she may take over some of the roles considered to be part of the professional role of the teacher.

There is a debate over whether or not an aide should teach and what her role should be. The National Commission on Teacher Education and Professional Standards has rejected the idea of a set list of duties for the aide. Rather, the use of the aide should grow out of the need of the situation.

7. Caldwell, Betty. "Role Similiarity on the Rehabilitation Team." Journal of Rehabilitation 25 (March-April, 1959):11-13.

Professional differences in rehabilitation arise from the legitimately different perceptions each profession holds of the basic

problems as well as from different goal oriented activities and objectives specific to the individual training experiences.

8. Coggs, Pauline R. See Section D.

9. Cohn, Jules. "Public Service Careers: The Need for Realism." New Generation 53 (Winter, 1961):15-20.

The planners of the Public Service Careers program, which is sponsored by the federal government, should learn from the efforts of private enterprise to create training programs for the disadvantaged.

The claims that Public Service Careers (PSC) will: help eliminate barriers that have prevented employment of the disadvantaged in the public sector; make the government more efficient and more effective in service delivery; and support the merit system, are unrealistic.

If PSC is to work, then adequate trainers must be selected and given material incentives for successful work with trainees, supervisors must make special efforts to be fair to minimize polarization between old and new workers, and realistic claims and expectations must be presented to the workers and the public.

10. Denham, William, and Shatz, Eunice O. "Impact of the Indigenous Nonprofessional on the Professional's Role." Paper presented at the National Association of Social Workers Symposium, San Francisco, California (May 24, 1968).

Report of selected highlights of a project in Washington, D.C., involving the use of indigenous workers in human service agencies. Where nonprofessionals took unfilled nonprofessional positions, they didn't relieve the professionals of lower level tasks. The reason for this was shortage of nonprofessional staff had become an integral aspect of the institutional culture and the professionals had become accustomed to doing routine tasks and had not used more highly technical skills. Where nonprofessionals were used for task relief (newly created positions), no time was freed for professionals because they were busy dealing with the problems of role definition and relationships between professionals and nonprofessionals. Overall, there was a lack of new role definition for the professionals.

Professionals acted out against the aides by threatening them with negative evaluations, limiting the aides to more menial

tasks, or [illegible] "caseworking" the aide in an attempt to reverse his role from worker to client.

11. Dimichael, Salvatore G. "New Directions and Expectations in Rehabilitation Counseling." Journal of Rehabilitation 33 (January-February, 1967):38-39.

Expanding rehabilitation programs present the issue of how to realign the duties of counselors in order to make use of technicians or assistants. Rather than a jack-of-all-trades, a counselor --coordinator is needed in order to tackle the problems posed by both "horizontal" and "vertical" specialization. Each client should be followed through referral, placement, and follow-up by one counselor, who coordinates the services of subprofessionals.

12. Finch, Wilbur A., Jr. "The Challenge of a New Careers Concept." Public Welfare 28 (1970):204-208.

The introduction of preprofessionals into public welfare agencies means that social service goals must be redetermined and functions redefined. Until these changes take place, there will be dissonance in the system trying to define its social service role. The team approach can be of value in training the preprofessional in "learning by doing."

Two beliefs held by new careers staff which are contrary to beliefs held by agency staff must be resolved if a meaningful team approach can occur: 1) there is no personal failure, only system failure, and 2) counseling methods have failed and professional staff do not understand the poor.

Within the problems created for the system by preprofessionals lies a major contribution: they reinforce staff commitment to social service and so contribute to enriched social services to clients.

13. Freidson, Eliot. "Social Aspects of the Professions: Their Place in Academia." American Journal of Pharmaceutical Education 34 (1970):530-535.

The way domains of work are divided among occupations within a division of labor is arbitrary. Similarly, what are considered to be special tasks for professionals and what are con-

sidered to be tasks limited to paraprofessionals are very arbitrarily assigned and may be changed in the future.

Social history, cross-cultural and cross-national comparisons are essential to analyze what is necessary and functional, and separate it from what is accidental and historical.

History also provides a background for understanding the role of politics in the establishment and maintenance of professions. The behavior of the professional is the function of recruitment, education, and practice setting.

14. Galloway, James R. See Section C.

15. Gannon, Thomas M. "The Role of the Nonprofessional in the Harlem Domestic Peace Corps." Sociology and Social Research 52 (1968):348-362.

Nearly all Harlem Domestic Peace Corps (HDPC) trainees were recruited from the Harlem community. A study was undertaken of their values and of any changes that took place as a result of their experience as nonprofessionals.

Those corpsmen who worked with the community agencies saw themselves as holding part-time jobs, rather than doing community volunteer work. They tended to complain of being assigned tasks which kept them away from clients and which required little initiative.

The expectations of the administrators of HDPC and the expectations of the corpsmen were in conflict. This indicates the need to anticipate stresses in role identification in training recruits.

16. Ginsberg, Frances. "These Factors are Essential in Developing Surgical Aide Programs." Modern Hospital 106 (1966):5.

Five factors are paramount in developing and maintaining a surgical aide program: 1) every hospital has nonprofessional staff who have the qualifications to be trained as surgical aides; 2) nurses must have the understanding that properly trained aides are no threat to them; 3) the aides must be accepted by surgeons; 4) both nurses and surgeons must assume teaching roles; 5) personnel policies must be modified to meet the needs of nonprofessional personnel.

17. Ginsberg, Frances. "A Problem of People: O.R. Aide and R.N." Modern Hospital 108 (1967):140.

Operating room technicians were trained and hired to solve the problem of staff shortage. Their introduction has created a problem between them and the registered nurses. Technicians tend to be overbearing and feel that they are special. R.N.'s feel that their jobs are being endangered by the technicians. Nurses with special leadership capabilities must take the responsibility to correct the situation and must accept and encourage the surgical technicians.

18. Goldberg, Gertrude S."Nonprofessionals in Human Services." In Nonprofessionals in the Human Services edited by Charles Grosser, William E. Henry, and James C. Kelley. San Francisco: Jossey-Bass inc., 1969.

This is a thorough discussion of major current issues in the use of the nonprofessional. They include 1) the question of the capacity of the poor can be better dealt with if it is recognized that nonprofessional jobs require different levels of competence; 2) in regard to training, it may be important to think in terms of goals, e.g., using a nondidactic method for the immediate job and a more conceptually oriented approach in education for upgrading; 3) a strength of the new careers--the lessening of the distinction between the donor and the donee--can threaten the position and satisfaction of the professional; 4) public service agencies must be restructured to utilize new careerists, but there will be obstacles from unions and civil service, and status concerns of current employees.

19. Goode, William J. "A Theory of Role Strain." American Sociological Review 25 (1960):483-496.

"Role strain," the felt difficulty in fulfilling role obligations, is a normal integral part of our lives. Role relations consist of a selection among alternative behaviors in which each individual seeks to reduce his role strain. The ego can handle role strain by the following methods: compartmentalization, delegation, elimination, or extension or role relationship.

20. Grosser, Charles; Henry, William E.; and Kelley, James G. (Eds.). Nonprofessionals in the Human Services. San Francisco: Jossey-Bass, Inc., 1969.

This book includes articles about the social implications of paraprofessionals in different human service areas; the relationship between professionals and paraprofessionals; and the role of the federal government in the New Careers program.

21. Hansen, D.A. "Functions and Effects of 'Subprofessional' Personnel in Counseling." In Counselor Development in American Society, edited by John F. McGowan. Department of Labor, Department of Health, Education, and Welfare, University of Missouri, 1965.

Competence, adequate autonomy to exercise the competence, and clarity of professional or service image are critical to the effectiveness of any professional counselor. Also crucial is the counselor's relationship to his employing organization and his profession. Subprofessionals in counseling differ from others in being a federal innovation, and as an unstable category are confused with professionals in image and role. This problem is confounded by encouraging the upgrading of subprofessional status in order to further recruitment and maintain morale.

22. Heath, Alice M. "Health Aides in Health Departments." Public Health Reports 82 (1967):608-614.

An examination of the health aide program in Santa Barbara, California, showed that the number of aides to be hired in a health department depends on the supervision that is available, the money available, the area to be served, and training needed.

The aide has a professionalism based on his knowledge of the culture of a group rather than on formal educational preparation. The role of the aide should not be one where he does menial tasks, but should be one where the aide makes a unique contribution, for example in the area of translation and community contact.

Problems in implementing an aide program include getting acceptance from professionals, getting the community to trust the aides (in terms of confidentiality), and getting the aides to comply with certain work rules such as calling in when unable to make an appointment.

Benefits of the aide program include increased understanding of the community on the part of the professionals, more efficient use of time, and increased use of medical facilities.

23. Horowitz, John J. Team Practice and the Specialist. Springfield: Charles C. Thomas, 1970.

The author provides a broad overview of the characteristics of the teams in different service settings. He discusses several dimensions of team planning and design and some problems and their solutions. It is unwise to think of the paraprofessional's role as always being the same or that different professionals share the same view of the division of labor. Teamwork involves developing relationships with colleagues as well as identification with profession. The interdisciplinary team is a way of providing more effective help to more people.

24. "How Nurses View Their P.A.s." RN, 33 (October, 1970):50-51.

Nurses' fears that physician assistants would issue orders and thus leave the nurse vulnerable to legal action have been alleviated in hospitals where P.A.s now work. The nurses now view the physician assistants positively and are grateful for services they provide. The P.A. is viewed as an equal on the health team.

25. Ishiyama, Torau. "Role Clarification and Sense for Staff in Mental Hospitals." Mental Hygiene 52 (1968):103-109.

An attempt at Cleveland State Hospital to define the role of psychiatric aide revealed the role of aide varied in different wards and with different patients. Roles should be defined in terms of the needs of the patients at different levels of recovery. The redefinition of roles for psychiatric aides has been easy because the aides have no real cathexis for the label of aide. The greatest resistance and pressure have come from others who have a stake in keeping their own labels and in having the aide remain an aide.

26. Levy, Leo. "Factors Which Facilitate or Impede Transfer of Medical Functions from Physicians to Paramedical Personnel." Journal of Health and Human Behavior 7 (1966):50-54.

It is suggested that many tasks presently done by physicians may be done by paramedical personnel in order to relieve the present physician shortage. In general, physicians resist transferring functions if they consider that they are surrendering, rather than delegating, them. Physicians are only willing to give up those functions which they consider to be nonmedical or which are noneconomic. Examples are tasks which relate to health rather than illness and tasks which have become technicized such as lab work.

In an age of specialization, medical responsibility differs from what it was during the period of solo medical practice. Present trends toward group practice by specialists will distribute "final medical responsibility." The physician group is likely to become less conservative as more persons enter the profession from working class backgrounds as a result of the increased availability of money for medical studies. The use of paramedical personnel will become more congenial to them, and clearly more efficient in the rendering of adequate service.

27. Lohrenz, Francis N. "The Marshfield Clinic Physician-Assistant Concept." The New England Journal of Medicine 284 (1971): 301-304.

The successful use of physician assistants depends on the individual personality of the physician and the assistant; the assistant must work with only one or at the most two physicians; the definition of a relationship between physician and assistant has to be made rather than the classification of a job.

28. McGowan, John F. (Ed.). Counselor Development in American Society. Conference Recommendations from Invitational Conference on Government-University Relations in the Professional Preparation and Employment of Counselors. Washington, D.C.: Department of Labor, Department of Health, Education, and Welfare, University of Missouri, 1965.

Recent legislation directed at the need for more counselors presents the problem of expanding university training programs without damage to the quality of preparation. The Conference

sought to further government-university understanding through joint consideration of certain major issues including the relation of training program needs to professional autonomy; distinctions between professional and subprofessional levels of operation in counseling; job conditions which attract and hold counselors; and the relation of legislation to the professional preparation of counselors.

29. Mitchell, Lonnie E. "Nonprofessionals in Mental Health." In Nonprofessionals in the Human Services edited by Charles Grosser, William E. Henry, James G. Kelley. San Francisco: Jossey-Bass, Inc., 1969.

Since psychologists are behavioral scientists and are concerned with the problems of bringing about change in individuals and groups, they should form the vanguard of those concerned with effecting social change. The study of psychology should shift attention to creative ways of fostering human development. Therefore, psychologists should be involved in the implementation of new careers. Employment of nonprofessionals is designed to: reduce the individual's feelings of powerlessness and alienation; encourage the poor to function as their own models and as transmitters of culture; change the structure of institutions so that there are service teams and the possibility of vertical and horizontal mobility; and facilitate the spread of knowledge and communication between the poor and the rest of society.

The success of new careers depends on the quality of training for nonprofessionals, the adequacy with which professional personnel are prepared to welcome the workers as contributing staff members, and the possibilities for upward mobility.

30. "Once a Medic, Now a Medex." Life, June 12, 1970, pp. 67-68.

Fifteen ex-medical corpsmen have been trained for three months in a "medex" program at the University of Washington. They are now on a one-year preceptorship under the supervision of selected doctors. The medex program is seen as one which would relieve doctors of some of their overload of work. Problems are seen in changing state licensing laws and in making a

definite boundary between the role of doctor's assistant and that of registered nurse.

31. Orzack, Louis H. "Underlying Role Dilemmas of Professionals." In Emotional Factors in Public Health Nursing: A Casebook edited by Abraham B. Abramovitz. Wisconsin: University of Wisconsin Press, 1961.

    Professional role dilemmas are related to the necessity to instill confidence in clients who lack knowledge of the quality of services performed. Increasing use of the "team approach" complicates training, task-structuring, and communication between professionals. Other dilemmas include variability in training programs, ways in which training affects self-concepts, ways in which performance is affected by diverse role orientations, and individual responses to social and technological change.

32. Pape, Jane. "The Psychiatric Aide: Lifeline to Patients." RN, 31 (December, 1968):71-73.

    The psychiatric nurse is urged to treat psychiatric aides with respect and concern. A motivated aide can be the person through whom much of the therapeutic action and interaction is carried on.

33. Patterson, C.H. "Rehabilitation Counseling: A Profession or a Trade?" Personnel and Guidance Journal 46 (1968):567-571.

    The counselor is usually not a counselor but a case manager, a procurer and authorizer of services, a coordinator. The position of coordinator should be established separately, permitting the rehabilitation counselor to specialize in the counseling function, otherwise retaining only the duty of making professional decisions such as determining final eligibility and feasibility. Present trends permit the aides to take over the duties of rehabilitation counselors without rehabilitation counselor training may result in turning the occupation into a trade. In actuality, the aide should be just that--an assistant to the counselor, permitting the latter to do more rather than less counseling.

34. Patterson, C.H. See Section C.

35. Peth, Peter R. "A Critical Examination of the Role and Function of the Nonprofessional in Rehabilitation." Rehabilitation Counseling Bulletin 14 (1971):141-149.

This review of some key issues and implication of using nonprofessionals in rehabilitation services includes discussion of theoretical considerations, the use of nonprofessionals, and research.

An expectance bias may partially explain the findings that nonprofessionals outperform professionals and make the rehabilitation process economical. Riessman's Helper Therapy Principle suggests that those who play a helper role benefit from that role, but the question is not who is helped but who should be helped.

Since data collected in the past have tended to be descriptive rather than analytical, more research is needed to resolve the questions posed by the introduction of nonprofessionals into the rehabilitation field.

36. Powledge, Fred. "New Careers: Real Jobs and Opportunity for the Disadvantaged." Public Affairs Pamphlet number 427, 1968.

New careers offer opportunity to the poor and a solution to the manpower shortage in human services. New careerists are accepted by professionals when it is realized that they are not a threat to the professionals. Problems lie in these areas: lack of genuine career ladders, playing the "numbers game," and "creaming" the nonprofessionals.

37. Pruger, Robert, and Specht, Harry. "Establishing New Careers Programs: Organizational Barriers and Strategies." Social Work 13 (October, 1968):21-32.

The new careers concept will be resisted due to organizational barriers such as: displacement of goals, i.e., the means become more important than the ends; professionals' perception of competition from paraprofessionals; the notion that the helped cannot and should not play the role of helper; and lack of understanding and information between community and organization.

Resistance can come in the form of non-acceptance of the program, requirements for new careerists that are too rigid, and either over- or under- enthusiasm for what the new careerists can accomplish. This resistance can be modified through interpreta-

tion of the program by new careerists or professional organizations and through political intervention.

38. Reiff, Robert. See Section C.

39. Reissman, Frank. See Section D.

40. Richan, Willard C. "A Theoretical Scheme for Determining Roles of Professional and Nonprofessional Personnel." Social Work 6 (October, 1961):22-28.

There are two variables to be considered in determining the role of the professional and the role of the nonprofessional: client vulnerability and worker autonomy. The professional role involves high worker autonomy and high client vulnerability. The specialist role involves low worker autonomy and high client vulnerability (this would be a career in itself and not considered a stepping stone to full professional status). The subprofessional role involves high worker autonomy and low client vulnerability (viewed as a stepping stone to professional status). The aide's role would involve limited responsibilities with the least vulnerable clientele.

Agencies and professional groups must assure their clientele that competent practice based on social work principles will be maintained.

41. Simpson, Richard, and Simpson, Ida Harper. "The Psychiatric Attendant: Development of an Occupational Self-Image in a Low-Status Occupation." American Sociological Review 24 (1959):389-392.

In high-status occupations, a flattering self-image is maintained by the prestige which is a part of the profession. Low-status occupations do not carry the same favorable self-image. In the latter case, persons so employed tend to stress that aspect of their work which is most highly valued, and build a self-image around it. In the case of psychiatric attendants, who tend to minimize the less glamorous features of their work, the emphasis is placed upon the most highly valued element--the care of the patient.

According to the results of this study, attendants gained a favorable self-image, not from society at large, but from the hospital subculture. This is supported by statistics which indicate that while the majority of persons who took these jobs did so for extrinsic reasons, their motivation for remaining became intrinsic. That is, they emphasized the importance of care for the patient. Attendants tend to feel that duties connected with patient care are the most important, and it would therefore seem that a self-image based on patient care brings a measure of job-satisfaction, ego-enhancement and motivation.

42. Stinson, Shirley M. "OR Technicians." Hospitals 44:20 (1970): 67-69.

Barriers to the increased utilization of operating room technicians are social rather than technical and include: vested interest of other professionals, legal constraints, definition of nurse functions, sex barriers, and lack of research.

43. Training Health Service Workers: The Critical Challenge. Proceedings of the Department of Labor, Department of Health, Education, and Welfare Conference on Job Development and Training for Workers in Health Services, Washington, D.C. (February 14-17, 1965).

This Labor-HEW conference was conducted as a medium for discussion of issues, exchange of views, and sharing of experiences. Suggestions for improving the quality of health service workers include: 1) strengthening the health team in concept and practice; 2) developing duties and functions of health workers; 3) utilizing federal resources more extensively for training auxillary health workers; 4) improving wages and working conditions; 5) improving communications between and among groups concerned with the supply and demand of health manpower; 6) creating job ladders and upgrading opportunities.

44. Truax, Charles B. "The Training of Nonprofessional Personnel in Therapeutic Interpersonal Relationships." American Journal of Public Health 57 (1967):1778-1789.

Much of current practice in counseling and psychotherapy has not been proved to be substantially superior to no treatment at all. There are many studies which indicate that empathy, non-

possessive warmth, and genuiness on the part of the counselor are the factors which lead to improvement. The aloofness of the professional impedes the genuine expression of feelings and may well preclude formation of a therapeutic interpersonal relationship.

Training of both professional and nonprofessional personnel should emphasize development of the abovementioned attributes. Taped interviews should be studied for this purpose. A project at a State Hospital in Kentucky demonstrated that training utilizing this method may be completed successfully in less than 100 hours. Trainees were highly motivated and had no previous knowledge of psychology or personality development and dynamics. The performance of these trainees compared favorably with that of experienced therapists.

45. U.S. Department of Health, Education, and Welfare, Office of New Careers, New Careers and HEW, February, 1970.

Under the New Careers program, people who have been underemployed and unemployed have a chance to use their skills and develop new skills in a situation where there is a chance for advancement. In New Careers, the system is geared to helping people advance.

In order to institute a New Careers program there must be staff participation from the start since participation will bring a more positive attitude, and arbitrary qualifications for employment must be eliminated.

When instituting a New Careers program, there will be problems. Professionals and professional associations will resist if they feel the new careerists are a threat to their positions; state and local merit groups may resist changes in existing job requirements.

Model New Careers programs are included, and the need for long-term finding stressed.

46. Walsh, James L., and Elling, Ray H. "Professionalism and the Poor--Structural Effects and Professional Behavior." Journal of Health and Social Behavior 9 (March,1968):16-28.

Data obtained from 110 nurses, 72 sanitarians, and 16 physicians were analyzed for the purpose of obtaining scores that would reveal the relative professional status striving of both the individuals and the occupational groups.

The actively striving nurses are significantly more likely to describe experiences with lower class clients as having been unpleasant. This negative orientation decreases as group striving decreases. Preferences for clients of one class or another related clearly to different levels of professional group striving.

It appears that members of striving work groups tend to perceive the poor in a manner analogous to the dynamics through which social movements specify an individual, group, or social institution as the source of the problems the movement seeks to solve. They are seen as impediments to the quest for high status.

47. Weber, G.H., and Palmer, D. "New Careers: Problems and Pitfalls." American Education 5 (April, 1969):26-28.

If the potentials of new careers are to be realized, the problems must be recognized. These problems include the possibility that new career jobs will become dead-end jobs, lack of budgeting by the agency for permanent positions, and attracting men to the program. Also there is resistance to new careers by professionals; the resistance stems from the fear that service will be diluted, the resentment of nonprofessional intrusion, and the feeling that new careerists may be a threat to the system. The possibility that professionals may not have the skill to train and supervise the paraprofessionals is yet another difficulty.

Therefore, professionals and other staff should have a say in what the requirements should be and what the role for new careerists should be. Professionals should receive special training for supervisory tasks.

48. Wrenn, C. Gilbert. "Crises in Counseling: A Commentary and (Possibly) a Contribution." In Counselor Development in American Society edited by John F. McGowan. Washington, D.C., (February 14-17, 1965):234-238.

Professionalism is determined not by critics, but by those within the vocation and the extent to which they consider themselves responsible for the welfare of clients and society. Strengthening the profession in the face of an influx of subprofessionals must be accomplished with the assertion that the client and society are to be protected, not the counselor.

49. Young, M.M., and Hamlin, Genevieve P. "People Workers: a Local Health Department Experience with Health Education Aides." American Journal of Public Health 59 (1969):1845-1850.

A program was developed by the Chattanooga-Hamilton County Health Department to expand health services to the poor of Chattanooga. The problem was to make these people aware of the services and to motivate them to use them. Health education aides were employed to tell the people of dental, family planning, and other health services.

The professional staff accepted the nonprofessionals because they offered a good resource of intelligence and capability.

C. PARAPROFESSIONAL CAREER LADDERS AND TRAINING

If a career ladder, in fact, is the means to be used for a paraprofessional to acquire professional status, then each rung on the ladder should be representative of increased autonomy for the paraprofessional worker. This means that each step up the career ladder must be preceded by an increase in the paraprofessional's knowledge and coincide with recognition by colleagues and clients of increased professionalism. Although the career ladder is one of the concepts basic to the New Careers program, the opportunities for career advancement seem severely limited or completely nonexistent. The items in this section of the bibliography underscore the difficulties of upgrading in the context of agency policy, civil service rules, and professional concerns about encroachment.

1. Aronowitz, Stanley. "Credentials: Useful or Not?" New Careers Newsletter 2 (Spring, 1968):11-12.

   The question of credentials has been raised due to the entrance of nonprofessionals into human services. The central issue is how to develop alternative credential routes and at the same time develop new institutions for teaching theoretical skills to the poor. The acquisition of these professional tools has been denied to the poor. The author recommends released time for educational upgrading, redesign of entrance requirements at universities, and culturally unbiased testing.

2. Beck, Bertram M. "Nonprofessional Social Work Personnel." In Nonprofessionals in the Human Services edited by Charles Grosser, William E. Henry, and James G. Kelley. San Francisco: Jossey-Bass, Inc., 1969.

   The idea that indigenous workers possess competence in social work because of their deprivation is a romantic notion. Before nonprofessionals can be successfully employed, the social work profession must define its own practice. Then, a developmental program should be instituted that would deepen and develop knowledge and skills so that the nonprofessional could take on more complex social work skills. In this way, nonprofessionals would be made professionals. This plan would be an alternative to an MSW, not a substitute for it.

3. Benjamin, Judith G.; Freedman, Marcia K.; and Lynton, Edith. Pros and Cons: New Roles for Nonprofessionals in Corrections. National Committee on Employment of Youth. U.S. Department of Health, Education, and Welfare, 1966.

From the manpower viewpoint, nonprofessionals are seen as all those who do not meet professional status standards. (This includes people with a variety of educational experience, social and economic backgrounds, and skills.) Therefore, nonprofessionals cannot be restricted to any one role. Rather they should perform tasks which coincide with their skills and qualifications.

For correction agencies to make the best use of nonprofessional staff, they must assess their needs in terms of functions.

An example of a case work new careers model and an example of a group work new careers model are given along with methods of implementing the programs.

4. Coate, Shirley, and Nordstrom, Eugene A., Jr. "Experiment in Upgrading the Nonprofessional Worker." Social Casework 50 (1969):401-406.

A project to train home health aides was undertaken by the Kaiser Foundation Research Division in Portland, Oregon. The objectives were to explore new ways of fulfilling patient needs and to increase the semiprofessional's skills. After training, the aides were performing at a higher level than had been expected. Consequently the aides were cycled through a rotation period where they were given cases with social service needs. The upgrading of nonprofessional workers, from aide to assistant, taps a resource for professional workers. These multidisciplined nonprofessionals can be an invaluable part of an integrated medical care team.

5. Curran, William J., and Hyg, S.M. "Health Services Manpower Roadblocks: Legislative Measures to Facilitate the Development of Allied Manpower Roles." Paper presented at the 98th Annual Meeting of the American Public Health Association, Inc., Houston, Texas, (October 26, 1970).

Proposals to improve the licensing system of health personnel are discussed. The objectives of changes are to open up the licensing system to increase the supply of allied health personnel, and to break down some of the barriers that block upward career-line mobility.

Licensing boards should be made less autonomous; some authority should be shifted from the state to the federal level; the professions must establish avenues for career improvement through education; and job descriptions and career development mechanisms should be made by agencies other than individual hospitals.

6. Felton, Nadine. Career Incentive Plan for Higher Education of Nonprofessionals. New York: New Careers Development Center, New York University. August, 1967.

A plan is proposed to upgrade teacher aides on a career ladder through a combination of on-the-job training and education. The advantages of career-oriented education include: low cost; solution to the teacher shortage; supplement to teachers' instructional work as an aide progresses; and a specific route to acquiring a college education while working.

7. Fine, Sidney A. Guidelines for the Design of New Careers. Kalamazoo, Michigan: The W.E. Upjohn Institute for Employment Research, 1967.

In designing new careers, both employer and community commitment must first be established. Then attention may be focused on technical aspects such as titling to reflect career commitment; selection procedures that recognize the development of potential and do not employ unnecessarily high criteria; task-structuring that allows higher functional attainment; supervision that implements individual growth as well as production; and pay increases corresponding to experience and competence. Strategic aspects include directing new career opportunities at the poor; developing careers in community and health services; and recognizing the realities of professionalism.

8. Galloway, James R., and Kelso, Robert R. "Don't Handcuff the Aide." Rehabilitation Record 7 (November, 1966):1-3.

Concern with the professional status of the vocational rehabilitation counselor leads him to rush into establishment of job descriptions and training guidelines for aides. Premature demands to structure and standardize the aide's role could stifle their effective utilization. Just as the rehabilitation counselor's role differs among agencies, so must the aide's role. Counselors and their aides can work out patterns of interaction and service

with happier results if not impeded by rigid administrative structuring of services stemming from watered-down versions of counselor training.

Aide training in Wyoming combines short course work and intensive practical experience. The counselor utilized each aide in her community to extend rehabilitation services. As the aide demonstrates greater skill she is delegated more responsibility. This plan allows the counselor to double his caseload and improve the timing of events in the rehabilitation process.

9. Ginsberg, Frances. "These Factors are Essential in Developing Surgical Aide Programs." See Section B.

10. Ginsberg, Mitchell I.; Shiffman, Bernard M.; and Rogers, Morton. "Nonprofessionals in Social Work." In Nonprofessionals in the Human Services edited by Charles Grosser, William E. Henry, and James G. Kelley. San Francisco: Jossey-Bass, Inc., 1969.

The field of social work must be the first to implement a New Careers program. Functions within the social service delivery system must be broken down and tasks assigned to people at appropriate levels of expertise. An open system that affords maximum upward mobility and educational subsidies must be established at the lower end of the work spectrum as well as at the upper end. The use of nonprofessionals is a must if the manpower shortage is to be met.

11. Gould, Karolyn R.; Smith, James; and Masi, Terri. "Where Do We Go From Here?" National Committee on Employment of Youth, 1969.

The main objective of the study was to measure the impact of paraprofessionals on eight agencies in New York City and to find out what factors had contributed to or impeded opportunities for mobility. Case studies of NCEY graduates in the agencies revealed that in all but one, the opportunities for career mobility were either severely limited or nonexistent. The one agency was able to accomplish more for the NCEY graduates than any other because it could design its career ladder based solely on the services it wanted to provide. The author urges that adequate opportunities for career mobility be provided for new careerists.

12. Grosser, Charles. See Section E.

13. Howe, Harold, II. The People Who Serve Education. A Report on the State of the Education Professions. Washington: U.S. Government Printing Office, 1969.

This report on the present status of and future directions of the needs and trends in the education profession emphasizes the role of the teacher--his characteristics and needs.

A list of priorities of development for allocation of federal funds includes: 1) training teacher trainers; 2) developing a careers opportunities program-career ladders; 3) recruiting vocational and technical education personnel, as well as support personnel; and 4) making more effective use of school staff.

14. Levinson, Perry, and Schiller, Jeffery. See Section D.

15. Lynton, Edith F. "New Careers Potentials in Health: In the Hospital." National Committee on Employment of Youth, 1968.

In the past, jobs in hospitals have been regarded as discontinuous. The new trend toward internal upgrading of job incumbents is focusing particularly on nurses aides. At present, the nurse's job is a "waste basket of tasks," and new careers models may relieve her of non-nursing functions. In any event, the goal should be enhancement of patient care. Three suggested approaches are: 1) increase the supply of nursing personnel by facilitating the progress of aides through the established educational process; 2) divest nursing services of the maximum of non-nursing functions by siphoning off managerial and technical tasks and creating new subprofessional job categories; 3) create a new subprofessional career sequence in patient care by redesigning aide functions.

16. Lynton, Edith F. New Careers Potentials in Health: Beyond the Hospital. National Committee on Employment of Youth, December, 1968.

Subprofessional occupations outside the hospital have not yet attained even the measure of standardization of the nurses' aide, and are not yet integral to the service, though there is increasing interest in providing avenues for upgrading and of job mobility for home-health aides and others.

In clinic settings, an important subprofessional role might be to serve as case manager, becoming one continuous coordinating contact with the patient and his family. Language and educational barriers that limit the ability of patients to understand and communicate with the doctor could be overcome by the employment of subprofessionals to serve as two-way interpreters.

What many see as basic to community health work is coordination of social work and nursing to create more flexible career patterns. The home-health aide or family worker could then move along in nursing, public health education or into social services.

17. National Rehabilitation Association, New Careers in Rehabilitation Project. Serving More Disabled People Better Through New Careers in Rehabilitation, no date.

The New Careers program, as it pertains to rehabilitation, provides: 1) a new source of manpower and a new potential pattern of professional manpower utilization; 2) a new structure and methodology of occupational preparation and advancement; 3) new services geared to program needs and priorities; 4) new occupations for the disadvantaged and handicapped.

Questionnaires were sent to 88 state rehabilitation agencies regarding the use of preprofessionals. The vast majority of agencies expressed strong positive responses. Different agencies hold different views on what new careerists should and can do.

18. Patterson, C.H. "Power, Prestige, and the Rehabilitation Counselor." Paper presented at the Ohio Rehabilitation Counseling Association Spring Meeting in Columbus, Ohio, (May 2-3, 1969).

The counselor's functions--counseling and coordination--should be separated into two jobs, counselor and coordinator, so that both can be adequately performed. Counselors do not want this because they see the coordinating function as a powerful one. They want the power of the coordinator and the prestige of a professional or counselor.

Another problem related to power and prestige is the utilization of support personnel. It has been suggested that such aides can rise to higher positions, but these jobs like many others are dead-end. Emphasis should be on specialization and independent positions with titles that do not indicate subservience.

19. Powledge, Fred. See Section B.

20. Reiff, Robert. "Dilemmas of Professionalism." In Nonprofessionals in the Human Services edited by Charles Grosser, William E. Henry, and James G. Kelley. San Francisco: Jossey-Bass, Inc., 1969.

Professionalism has created a vacuum in the distribution of human services to the poor and has led to the idea that possession of credentials is the equivalent of competency.

A solution to the problems professionalism presents is the employment of nonprofessionals, whose competency comes from life experiences. But career lines and advancement, which must be built into a New Careers program, may create all the undesirable social characteristics of professionalism.

Conflict between professionals and nonprofessionals is inevitable but can be minimized through clarification of roles and clear delineation of tasks. The cooperation of professionals is needed if the New Careers program is to succeed.

D. CLIENT VERSUS ORGANIZATION IDENTIFICATION AND THE BRIDGING ROLE

In his role as linker between the community and the organization, the client and the service agency, the paraprofessional is in a marginal position. Theoretically he should not identify solely with either "side" of the interaction, but remain simultaneously oriented to both. Such a duality, however, is essentially unstable, and the expectation is that a marginal individual will in time come to identify more with one of his reference groups than with the other. Which one is problematic.

Grosser sees the paraprofessional as identifying with professionals and the agencies, and Kurzman believes paraprofessionals are locked into agency goals rather than client goals due to their position within the agency. Riessman, on the other hand, expects the paraprofessionals to become more organized around and related to community based movements.

It could be argued that new careers is a cooptation of the disadvantaged by professionals, as a response to the client revolt challenging their autonomy and authority. Since the outcome of new careers is to be better relations between social agencies and communities with the opportunity for the untrained poor to pull themselves out of the poverty syndrome, a likely result is paraprofessional identification with his upward mobility goal, the agency, rather than the community. Discussion of these issues is included in this section of the bibliography.

1. Finch, Wilbur. See Section B.

2. Gordon, Jesse E. "Project Cause, the Federal Anti-Poverty Program and Some Implications for Subprofessional Training." American Psychologist 20 (1965):334-343.

   Although counseling techniques have been developed, they are aimed towards the middle class and do not work well with disadvantaged youth. There is an overwhelming bias among those in the field towards servicing only the middle class due to the middle class and marginal middle class origins of those in the field who feel threatened by lower class people and values.

   The training of subprofessionals, who would fulfill only certain functions under supervision, would utilize the team approach where each member would assume only a small part of the total care. The lack of job specification makes this difficult, we seem

to wind up turning out "junior professionals." The lowering of standards which the professionals fear so much as a consequence of subprofessional training is more likely to occur as a result of the professions' unpreparedness than as a necessary consequence of the use of subprofessionals. The team approach would free people to do the work they are really trained for. In addition, it would include workers from the same milieu as the clients serviced by the team.

3. Grosser, Charles F. "Local Residents as Mediators Between Middle-Class Professional Workers and Lower-Class Clients." Social Service Review 60 (1966):56-63.

Indigenous workers were not able to close the gap between professional workers and clients, even though they were more accurate than professionals in assessing prevailing community views.

It may be that the professional attributes that are related to objectivity are the ones that produce the ability to capitalize on perception. Or, the processes of recruitment, socialization, and indoctrination may have served to strengthen the tendency toward middle-class values in indigenous staff members so that middle-class values acted as an intervening variable, producing the performance results found in this study.

4. Hardcastle, David A. "The Indigenous Nonprofessional in the Social Service Bureaucracy: a Critical Examination." Social Work 16:2 (1971):56-63.

An indigenous nonprofessional is hired for his common background with those who are to be served and his ability to cope with a hostile environment. The bureaucratic pressures of a social service agency and the training process may prevent the nonprofessional from retaining the characteristics for which he was hired. The use of compartmentalization, i.e., placing a group of nonprofessionals in a unit composed of their peers, provides for peer reinforcement of indigenous values and attitudes and, in addition, would shield the nonprofessional from professional values. He would therefore be more likely to maintain his indigenous character.

5. Haug, Marie R., and Sussman, Marvin B. "Professional Autonomy and the Revolt of the Client." Social Problems 17 (1969): 153-161.

One of the normative characteristics of a profession is autonomy, the right to determine work activity on the basis of professional judgment. The public grant of autonomy has presumably been based on recognition of two other characteristics of a profession--store of esoteric knowledge and service orientation. Various publics may be viewed as questioning these claims to special knowledge and the humanitarian ethos. The thrust of the client revolt is against the delivery systems for knowledge application, as controlled by the professionals, and against the encroachment of professional authority into areas unrelated to their claimed expertise. Professionals have sought to preserve their institutional power and autonomy by coopting their challengers. The "New Careers" movement is discussed as a form of coopting the revolt of the client.

6. Kurzman, Paul A. "The New Careers Movement and Social Change." Social Casework 51 (1970):22-27.

The author suggests that the new careers model may be dysfunctional, especially in regard to social change. This is because the indigenous worker tends to "cool out" the community. A second element is formal co-optation, i.e., public responsibility for social services is shared without any change in the distribution of power. Change is not likely to come about due to pressure from within because new careerists do not control decision making; they cannot press for change because their jobs are on the line; and they tend to internalize professional and agency standards.

7. Levinson, Perry, and Schiller, Jeffry. "Role Analysis of the Indigenous Nonprofessional." Social Work 11 (1966):95-101.

Indigenous nonprofessionals are generally in a no-man's-land between professional and nonprofessional personnel, and between nonprofessional personnel and client. On the one hand, the fact that indigenous nonprofessionals possess beliefs and values which are similar to those of clients may generate problems in the areas of confidentiality, acceptance of supervisory authority, and militancy as a reaction to social and political problems. On the

other hand, identification with agency professionals can produce strivings toward middle class membership and excessive internalization of professional standards.

If indigenous personnel are categorized as preprofessionals, (those serving apprenticeship in a social work career), semiprofessionals, (those not working toward a degree), and subprofessionals (those providing mechanical, clerical, or maintenance services), semiprofessionals are likely to experience the most discrepancy between where they are going (a higher level of organizational participation) and where they have come from (the audience level). It may be that these persons are most in need of an identity tied to a career ladder formed of with-in status promotions to avoid an identity crisis produced by long-term employment in discrepant roles.

8. Liebert, Lisa. Police-Community Relations and the Role of the Non-Professional. New York: New Careers Development Center, New York University, 1968.

Community relations programs which involve urban police departments are often irrelevant to ongoing issues and participants tend to be poorly motivated. Cadet programs do not reach the problem because it is difficult to enlist cadets from those groups which have poor relations with the police. What is needed is an area of action in which the police department can be identified in a helpful rather than a punitive role and in which the community can be encouraged to come to them for assistance.

Nonprofessional police aides are recommended because of their identification with the community and its problems. Successful programs utilizing these personnel are described.

9. Pruyser, Paul W. "New Professionals in Mental Health: A Perspective." Journal of the National Association of Private Psychiatric Hospitals 2 (Spring, 1970):21-25.

New Careers is an exercise in implementing civil rights, a method of fighting poverty, an attempt to utilize all the talent the mental health effort needs and a way of relieving professionals of routine tasks. New Careers exposes civil service classifications and educational institutions as hindering in some ways the advancement of the mental health effort and human development.

New Careers is an answer to the problems of ritualization of response to issues and loss of functional response to human needs.

Problems with the implementation of New Careers include: assuring a secure career future, reclassification of civil service positions, and dealing with professionals who express concern over "quality of patient care" and who are threatened by those not taking the traditional path to the profession.

10. Reiff, Robert, and Riessman, Frank. The Indigenous Nonprofessional: A Strategy of Change in Community Action and Community Mental Health Programs. National Institute of Labor Education, Mental Health Program, Report number 3, New York, 1964.

    The authors discuss a strategy designed to meet the manpower and programmatic crises that face the new community action and community mental health programs. They analyze the need for and the use of indigenous nonprofessionals as a bridge between the professional worker and low-income people. The indigenous nonprofessional can greatly increase manpower resources. Employing indigenous nonprofessionals helps the poor as servers and served, as helpers and helpees.

11. Riessman, Frank. "Strategies and Suggestions for Training Nonprofessionals." Community Mental Health Journal 3 (1967):103-110.

    The role ambiguity and anxiety of nonprofessionals, the utility of phased, on-the-job training, and the unification of training and supervision of antipoverty aides are discussed. Suggestions are made concerning the participation ideology of indigenous nonprofessionals, the limited utility of sensitivity groups, and the problem of identity with the agency versus commitment to the poor.

12. Riessman, Frank. "The New Struggle for the Paraprofessional (Between the Community and the Agencies)." Social Policy Notes #3. New York: New Careers Development Center, November, 1968.

    Questioning among professionals regarding the use of aides is related to three cleavages in society: the black-white cleavage, the community-professional cleavage, and the participation-authority cleavage.

These splits are especially troublesome for the professional who wants an aide or assistant and who sees the new careerist as moving up the career ladder to become just like the professional in viewpoint.

The introduction of paraprofessionals is bringing about a change process which entails conflict, diversions, and abrasiveness. The community accepts the paraprofessionals because of the need for jobs and the desire to influence the staffs of agencies through paraprofessionals. More and more paraprofessionals will be organized and related to militant community based movements.

13. Riessman, Frank. "Strategies and Suggestions." Community Health Journal 3:2 (1967):103-110.

The development, participation, and power of the nonprofessional and the role he can play are influenced by the ratio of professionals to nonprofessionals, the base of operation (community or traditional agency), and the ideology of utilization of nonprofessionals.

Nonprofessionals often are competitive with professionals and feel that because of their ability to communicate with the poor, they have an edge over the professionals.

One great problem for the nonprofessional is the lack of role identity. He is neither a community member nor a professional, and the goals of the New Careers program are vague.

14. Sobey, Francine. The Nonprofessional Revolution in Mental Health. New York: Columbia University Press, 1970.

This survey of 185 government sponsored mental health programs includes information on who the nonprofessionals are, what they do, how they are recruited and trained, and how they are evaluated by their project directors. Greater use of nonprofessionals is needed in the whole continuum of prevention and rehabilitation.

Most frequently mentioned reason for using nonprofessionals is to "provide informal sustaining relationships to patients and clients." Generally, it was found that nonprofessionals gave their greatest contribution in the care and rehabilitation of the severely mentally ill.

E. COMMUNITY ISSUES

Clients will challenge the professional's autonomy if they question his unique or special knowledge and his recognition of client needs. A welfare mother feels that she knows as well as the professional what her needs are, and parents believe they know the problems of their children better than teachers do. Indigenous paraprofessionals can be a means for communities to influence the policies, plans and activities of agencies by communicating the needs and problems of the community to the agency. Willcox sees this function as being the one that makes the paraprofessional effective.

Community groups, on the other hand, particularly those commited to structural changes, may view these activities as cooling out the pressures for radical reform, and advise the most able to continue in an adversary rather than an advisory role. However, even such groups would not necessarily be adverse to outreach programs which make more services available to the needy. Aspects of these issues are discussed in a number of articles in this section.

1. Cauffman, Joy G., et. al. "Community Health Aides: How Effective are They?" American Journal of Public Health 60 (1970):1904-1908.

   A study was conducted in the Pediatric Emergency Room of the Los Angeles County-University of Southern California Medical Center to get an indirect measure of the ability of community health aides to educate patients. Results were that community health aides were as effective as public health nurses and physicians in getting patients to comply with Physicians Upper Respiratory Infection Order Lists. With leadership from a health care team, aides can take the responsibility of maternal education of patients.

2. Coggs, Pauline R., and Robinson, Vivian R. "Training Indigenous Community Leaders for Employment in Social Work." Social Casework 48 (1967):278-281.

   Nonprofessional social work aides are being employed in the Milwaukee school system. They have proved useful in relieving professionals of nonprofessional tasks. Problems that come up when indigenous workers are employed include jealousy among nonprofessional workers as well as professional staff feeling threatened by the nonprofessionals.

Nonprofessionals should not be given tasks of professionals since they have no knowledge of professional ethics, standards, or practices. Rather, they should be assigned tasks usually reserved for volunteers.

Nonprofessionals should be accepted into professional organizations. These organizations should then be subdivided according to function and training, to "insure unity of purpose and diffusion of professional philosophy."

3. Deutscher, Irwin, and Thompson, Elizabeth J. (Eds.). Among the People: Encounters with the Poor. New York: Basic Books, Inc., 1968.

This book contains articles about encounters between the poor and agents of the larger society, such as teachers, social workers, poverty workers, etc. Most of the articles are based on research done in Syracuse, New York, and cover such areas as public housing, the school system, delinquency, and health.

4. Estes, E. Harvey, and Howard, D. Robert. "Paramedical Personnel in the Distribution of Health Care." Archives of Internal Medicine 127 (1971):70-72.

The use of physician assistants is an effective means of increasing health care availability. Impediments to the development of programs to train such personnel include fear of malpractice suits, programs are expensive and have not received funds from the federal government, and the fact that physicians assistants are as unwilling to locate permanently in economically deprived areas as are physicians. The advantages of such programs are that it costs less to train a physician assistant than a doctor, and a physician assistant frees the doctor of less skilled tasks and so could increase productivity.

5. Gartner, Alan. "Organizing Paraprofessionals." Social Policy 1 (September/October, 1970):60-61.

Organizing paraprofessionals is of concern to unions professionals, and paraprofessionals. There are many unions, in the human services trying to organize among paraprofessionals. Will paraprofessionals, as they are unionized, seek their own interests or will they retain a community perspective? The answer may be

in continued ties to the community, the formation of caucuses within unions, and pressure from the community.

6. Grosser, Charles. "Using the Nonprofessional." In Breakthrough for Disadvantaged Youth. U.S. Department of Labor, Manpower Administration, 1969.

The nonprofessional indigenous worker in Manpower Programs is seen as a bridge between the institution and the community. This is the least threatening way of developing rapport with new clients.

Upward mobility for nonprofessionals has two paths: collective advancement of workers within an agency or movement from one anti-poverty agency to another (to gain higher wages or a more responsible position).

Nonprofessionals tend to be utilized in slum schools, hospitals and anti-poverty programs. This may be a substitute for more schools, better salaries for medical staff and similar changes. Anti-poverty programs need to train nonprofessionals better and utilize them more.

Strain occurs between professionals and nonprofessionals when the nonprofessional is assigned direct service tasks. It appears that the professionals act defensively because they see this as a denigration of the professional training rather than as a threat to their jobs.

7. Heath, Alice M. See Section B.

8. Hershenson, David B. "The Community-Centered Counselor." Rehabilitation Record 8 (September-October, 1967):6-7.

The role of the counselor must develop out of the community in which he functions. A community-centered approach is appropriate because of personnel shortages and the need for new techniques to deal with poverty and cultural deprivation, the particular problems of new client groups. The professional can train, utilize, and support the indigenous worker in stimulating community action and change and in helping the community reach its own goals.

9. Holder, Lee. "Some Educational Considerations in the Use of Health Aides to Influence Health Behavior." Paper presented to the Health Education Section of the 98th Annual Meeting of the

American Public Health Association, Inc., Houston, Texas, (October 29, 1970).

This study of the effectiveness of housewives as compared to nurses in eliciting acceptable health behavior from maternity patients casts doubts on assumptions that the use of indigenous workers is superior. Race had no observable influence on behavior. Message characteristics and audience characteristics are as important as communicator characteristics in determining whether or not the goals of health education are reached.

10. Kurzman, Paul A. See Section D.

11. Mitchell, Lonnie E. See Section B.

12. Otis, Jack. "Problems and Promise in the Use of Indigenous Personnel." Welfare in Review 3 (June, 1965):12-19.

Indigenous workers are a key instrument in the war on poverty because they link the community to the service agencies. They can also relate to the agency the adequacy and appropriateness of services to the poor.

New careerists must be trained so that they can function effectively within the agency and the agency staff must also be trained to work with the indigenous recruits. Interagency hostility must be dealt with by supervisors who have been trained by an interdisciplinary team of experts to make effective use of this new manpower.

13. "Rent a Pigs in the Hunters Point Area (California)." The Black Panther (San Francisco), December 19, 1970.

This caustic attack on the police-community aide program in Hunters Point, California, charges that the aides are enemies of the community.

14. Riessman, Frank. Strategies Against Poverty. New York: Random House, 1969.

Three major antipoverty strategies of the 1960's are analyzed. In the Alinsky conflict model the major idea is to develop the power of the poor through developing conflict. The welfare crises strategy proposes to create a "run" on the welfare

system thereby forcing the federal government to institute a guaranteed annual income. In the new careers model the major idea is to provide an opportunity for poor people to move out of poverty through career ladders.

The thesis of the book is that the new careers strategy affects more variables of poverty than the other models and provides a potential for broad institutional change.

15. Riessman, Frank. See Section D.

16. Swift, David W. "Interracial Effectiveness of Subprofessional Aides." Phylon 30 (1970):394-397.

This study was done in Richmond, California, to determine how effective black health aides are with white service recipients. Health aides distributed information about measles vaccine to families with children aged one to six years. Forty-three percent of the whites responded by coming to the clinic for vaccination, while sixteen percent of the blacks responded. Results indicate that black nonprofessionals need not be restricted to work with their own ethnic group.

17. Trachtman, David L., and Halpern, Werner I. "Child Guidance Services in the Inner City: Extending the Clinic to a Neighborhood Health Center." New York: Rochester Mental Health Center. No date.

In Rochester, New York, the Children and Youth Division of the Rochester Mental Health Center is working in conjunction with the Rochester Neighborhood Health Center to provide comprehensive health care for inner city residents.

Personnel are organized into health teams consisting of family health assistants, public health nurses, physicians and dentists.

Since the need for a mental health role has been recognized, mental health "consultants" have been hired and mental health generalists (paraprofessionals) will be hired. Most of the latter will come from the family health assistants and this will be considered a step up the career ladder. The biggest problem in using these generalists is the fear, on the part of the community, of a lack of confidentiality.

18. Training Health Service Workers: The Critical Challenge. See Section B.

19. Willcox, Alanson F. "The New Professionals: Practical Aspects of the Use of New Careerists in Public Service Agencies." Mental Hygiene 54 (1970):347-356.

New careerists are particularly effective in low-income communities where there are multi-problems because they open up communication between agency and community. The article includes discussion of the new careers strategy and planning process. For a New Careers program to be effective, there must be community involvement and social action.

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